

<b>Case Number:</b>	CM13-0048493		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/11/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and prior lumbar fusion surgery. In a utilization review report of October 11, 2013, the claims administrator modified a request for referral to pain management for consideration of spinal cord stimulator to a one-time consultation with said pain management physician. The applicant's attorney subsequently appealed. In a pain management consultation of December 2, 2013, it is stated that the applicant has failed back syndrome with residual left-sided radicular complaints. A spinal cord stimulator implantation is sought while medications are refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**request for referral to Pain Management for consideration of (SCS) Spinal Cord Stimulator:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, page 127..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the Low Back Complaints ACOEM Guidelines in chapter 12, referral of a delayed recovery patient to a physical medicine practitioner (pain management physician) may help resolve symptoms. In this case, the applicant apparently tried and failed prior spine surgery. Referral of the applicant to a pain management physician specializing in chronic pain to consider various treatments, including consideration of a spinal cord stimulator, was indicated and appropriate. Therefore, the original utilization review decision is overturned the request is certified.